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ABSTRACT

The study evaluated two early intervention programs for rural preschool handicapped and developmentally delayed children to determine the degree of integration into the community and program-community interaction. Analysis of 6 months of observation in the two programs resulted in the following conclusions: (1) administration of early intervention programs is accomplished largely through the controlled distribution of special knowledge about the program to the staff, participating families, local political structures, and the general public; (2) the more centralized a program administration is, the less the program will be responsive to traditional or changing community needs, and the absorption of the program into the existing network of community services will be reduced; (3) federal early intervention policies will be adapted by local political structures to meet local needs for control over program operation and evaluation and for community support; (4) early intervention programs will not necessarily serve those children and families for whom the programs were intended; (5) regardless of intended goals, centrally funded/locally administered programs are conducted so that program design is determined by perceived program needs rather than perceived family needs; (6) the local allocation of early intervention resources is determined by political and economic factors in those communities eligible for the resources rather than by an assessed need for such services; and (7) there is no difference in degree of program-community integration between programs under public school sponsorship and those under private nonprofit sponsorship. (DB)

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Evaluating the Implementation of Rural Early Intervention Programs: A Proposed Methodology

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Final Report

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June 30, 1979

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Introduction

The following report describes research carried out under a Student Research Grant from the Bureau of Education for the Handicapped during 1978-1979. The report presents a brief overview of the questions, theory, method, and findings of the study. In addition, implications for future evaluation efforts and early intervention policy making are presented. As an appendix to the report, a doctoral dissertation is attached which provides an extensive and detailed analysis of the theory and findings generated by the research.

The research was intended to provide useful information to BEH as it seeks to implement fully the Education of All Handicapped Children Act of 1975. Two objectives of BEH's mission are particularly relevant to this research. First, BEH seeks to assure that every handicapped child is receiving an appropriately designed education. Second, BEH wishes to secure the enrollment of preschool aged handicapped children in federal, state, and local educational and day care programs. As well, BEH has indicated the need to examine the process of implementing special education programs in order to assess those situational variables which effect program success or failure (Mueller & Sontag, 1975).

Two early intervention programs for preschool handicapped and developmentally delayed children were chosen as the field sites for this study. Both programs served rural communities and small towns in the Southern Appalachian region. The first program observed was for 3 and 4 year-old children

identified as developmentally delayed. The program was based in a public school, was both home- and center-based, and was funded primarily with Title I (ESEA) funds. Additional funding was provided by the Appalachian Regional Commission, Title XX of the Social Security Act, and local funds. The second program observed was for behavior disordered and multiply handicapped children between 2 and 6 years old. This program was center-based, sponsored by a community mental health center and funded with ARC and state mental health grants. Both programs began about 5 years ago, thus they have had sufficient time to become stable operations within their respective communities.

Summary of Findings

Below is a brief summary of findings in hypothesis form. A more detailed explication of these hypotheses is provided later in this report.

1. Administration of early intervention programs is accomplished largely through the controlled distribution of special knowledge about the program to the staff, participating families, local political structures, and the general public.
2. The more centralized a program administration is, the less the program will be responsive to traditional or changing community needs, and the absorption of the program into the existing network of community services will be reduced.
3. Federal early intervention policies (especially those that provide funding) will be adapted by local political structures to meet local needs for (a) control over program operation and determination of evaluation criteria, and (b) community support.

4. Early intervention programs will serve those children and families who (a) are the most politically powerful and/or vocal, (b) may be other than those for whom the programs were intended, especially where the intended population is the most vulnerable to developmental harm, (c) most easily adapt to the local design of the program in terms of family form and cultural values, and (d) are most accessible.
5. Regardless of intended goals, centrally funded/locally administered programs are conducted so that program design is determined by perceived program needs rather than perceived family needs.
6. The local allocation of early intervention resources is determined by political and economic factors in those communities eligible for the resources rather than by an assessed need for such services.
7. There is no difference in degree of program-community integration between programs under public school sponsorship and those under private, non-profit sponsorship.

Summary of Recommendations

Evaluation Methodology

1. Program evaluation systems should include both qualitative and quantitative designs which can provide formative, contextual information as a prerequisite to generating summative output measurements. The use of field-based observations, interviews, and document analysis is a valid qualitative approach when the field work occurs over an extended period, and when multiple perspectives and methods are employed.

2. Educational evaluators should receive support for training in participant observation and other qualitative methods.
3. Local education and human service agencies should receive technical assistance and training to conduct formative self-evaluations.
4. Local education and human service agencies should receive training and technical assistance in administering and interpreting standard assessments of children, carrying out community-wide needs assessments, developing referral systems between agencies, contracting with outside experts to do useful evaluations and involving parents and community representatives in program evaluation.
5. Federal agency personnel who have traditionally acted as monitors (auditors) should begin to serve as field consultants to local programs to provide assistance in evaluation and program improvement efforts.

Early Intervention Policies

1. Prior to federal funding for early intervention programs, a "pre-implementation phase" should be required during which local program goals, design, and evaluation criteria are established. Local programs should be allowed to choose from a range of design options in order to meet broad national goals (as is the case in Head Start now).
2. State and local education agencies should be required to implement and comply with state and federal mandates to provide free, appropriate public education for all handicapped children. Enforcement of such mandates should be contingent upon the availability of adequate funding for their implementation.

3. Federal funding should be available for the training and support of regional liaison personnel who can disseminate information, negotiate cooperative arrangements between agencies, channel referrals, and coordinate community assessment and planning activities.
4. Rural early intervention services should rely on inherent capacities for personal relatedness and existing family and kin networks in order to assure effective and acceptable programs. Public health nurses often are in a position to deliver such personalized services.
5. Eligibility for early intervention services should be based on developmental need rather than categorical definitions of handicaps.

Guiding Questions

Presently, there is no effective model for evaluating the process of replicating or extending early intervention programs in sparsely populated areas. There are outcome measures available that can tell us something about changes in individual children as a result of exposure to a program, but such individual outcome measures do not provide a complete evaluative picture. This study proposes an evaluation methodology that assesses change in program and community as well as change in individual target children in order to sensitize policy makers to the social and political context in which programs operate. The concern was with systemic processes rather than child outcomes. One of the central questions arising from this concern was:

1. To what degree are federally designed and subsidized early intervention programs integrated into local social and political structures?

This question suggested several others:

2. How and why does the degree of integration change over time?

3. As a program is operationalized over time in a local setting, what community systems influence the program and cause it to diverge from its initial policy objectives and from its initial experimental or demonstration design?
4. In rural communities with homogeneous populations, few formal social service delivery systems, and relatively low educational and occupational achievement patterns, why is there public support for early intervention programs for preschool aged children, i.e., what is the perceived value of such a program from the perspective of consumers, school personnel, government officials, social service providers, and others?
5. How do the program modifications and the various perceptions of the program affect the degree of integration of the program with other community-based social institutions such as public school systems, mental health centers, voluntary service organizations, public welfare agencies, and local political structures?

These questions must be answered before specific hypotheses can be developed that will lead to the application of more quantitative evaluation methodologies. From a social science perspective, an attempt to find answers is viewed as hypothesis generating rather than hypothesis testing. The effort was to discover, rather than confirm, theory (Glasser & Strauss, 1967). From a policy making perspective, these are questions that need to be applied to all social change programs in the course of planning, implementation, and evaluation.

Theoretical and Methodological Perspectives

Evaluation of the ecology of implementing educational policies is a

relatively new field, and thus requires an emphasis on hypothesis-generating and qualitative methodologies. Given the salience of context in such an evaluation, theory and methodology must be able to account for the effects of context on program development and vice versa. In addition, because implementation is a process rather than a static phenomenon, research methods and theory must be robust and responsive to changing circumstances. Finally, because the problem as described earlier is to understand local responses to externally initiated policies, the research approach should be able to expose situated meanings and multiple perspectives that influence the implementation process as it unfolds in the everyday realities of those who carry out and utilize a particular program.

This study relied on four related theoretical and methodological frameworks. Symbolic interactionism, the sociology of knowledge, participant observation, and theories of formal organizations were brought together to provide a paradigm for answering the guiding questions. These perspectives were viewed as interdependent approaches appropriate to an open-ended, phenomenological evaluation design.

Because our concern was with social systems, levels of integration of a specific program with other social structures, expressed values relative to the program, and temporal influences in relation to program change, an intensive, prolonged period of observation was necessary. In order for the observations to be objectively and subjectively valid, the researchers participated in the everyday realities and activities of those observed. This process led to an understanding of the contextual meanings expressed by the "subjects." These personalogical understandings in turn led to sociological understandings that formed the foundation for emerging hypotheses.

The goal was not to isolate microvariables and demonstrate statistical causality, but to place macrovariables in a systematic relationship to each other and develop a model of the implementation of early intervention programs in rural communities. This approach was seen as a necessary prerequisite to more finite, quantitative analysis that could occur once the contextual variables were identified and analyzed.

Observations focused on four broad categories of variables: social, political, historical, and programmatic.

Questions that guided observation of social factors included the following:

1. What is the observed behavior of various actors relative to the implementation of early intervention programs?
2. How does that behavior vary with social status (i.e., elected vs. non-elected; professional vs. paraprofessional; service provider vs. service recipient)?
3. How congruent is observed public behavior with private behavior revealed in focused interviews and informal settings?
4. What are the expectations for the program as expressed at each actor level?
5. What are the social factors that influence parents to utilize the early intervention programs?

Guiding questions addressed relative to political variables included the following:

1. Under what circumstances do those who hold power or knowledge pass them on to others?
2. How is political power distributed in rural communities, and how does this distribution affect the implementation process?
3. What factors affect decision making concerning support for programs as evidenced by participation in programs or financial support for programs?
4. What information is utilized in the decision making process concerning program design, implementation, modification, and continuation; and, what information is utilized by parents concerning participation, level of input, continuation with or termination from the program, etc?

In order to assess the relevance of historical factors, the following questions were asked:

1. How do historical events and trends affect the implementation of early intervention programs?

2. What alternative support systems have families with handicapped or at-risk children utilized in the past? Given the recent availability of formal programs, what factors have influenced families to make use of these programs?
3. What current events or trends exist that are influencing the present delivery of program services and can be expected to influence future service delivery (i.e., shifts in economic cycles, transition from extractive to industrial economy, development of other early childhood services)?

Questions specific to the development of the two programs observed were asked as follows:

1. To what extent do existing program goals reflect the original design and purposes stated at the earliest stages of implementation?
2. What changes in program design, operation, and goals have occurred since the initial implementation? Why have these changes occurred?
3. What external factors have caused modification of the program over time?

Findings

The field sites were observed and interviews and document collection carried out during an eight-month period in 1978. Two researchers spent the equivalent of almost one-half a person-year in the field. At the end of this time, transcribed field notes and documents were inductively coded and analyzed in order to identify emerging hypotheses. Thirteen thematic categories were generated in this analysis. One overarching theme was identified and used to explain the subsequent categories. This central theme was labeled "integration" and included (a) the level of awareness demonstrated

by community decision makers that the programs existed, (b) values expressed by community members and decision makers toward the programs, (c) the use of community media to make people aware of the programs, and (d) the programs' relationships to social institutions such as the public schools and other public and private health and welfare agencies.

This latter component of integration led to the second central theme--interaction. Interaction included three components: program-community interaction, program-policy interaction, and program-family interaction.

1. Program-community interaction included (a) the situated definitions of "handicapped" within community contexts, (b) the identification of a particular "target population" within each community, and (c) the flow of referrals from outside agencies to the programs.
2. Program-policy interaction included (a) the response of program staff to federal policies (either legislative or regulatory), and (b) internal policy-making activities intended to respond to problems identified in program delivery.
3. Program-family interaction included (a) the roles of parents of program children as decision makers; and (b) the goals for children's development as expressed by program staff and parents.

These areas were explicated to produce seven hypotheses to explain how early intervention programs were implemented in rural communities. The hypotheses listed below are presented in hierarchical order, from an overarching statement about the distribution of knowledge to more particular statements about service delivery and resource allocation. The hypotheses presented are those for which there is strong support in the findings and which are capable of further investigation. They are intended to apply to rural communities implementing early intervention programs and related services, but

they should be tested in other settings with other social policies in order to make them more robust and to elevate their theoretical implications from substantive to formal constructs.

I. Distribution of knowledge. Administration of early intervention programs is accomplished largely through the controlled distribution of special knowledge about the program to the staff, participating families, local political structures, and the general public.

"Special knowledge" includes information about budget-setting, state and federal regulations, requirements for parent participation, local policy decisions that have bearing on the program, eligibility requirements, and similar information necessary for problem solving. In controlling the distribution of this knowledge, program administrators act as a filter to determine what kind and how much information should be released, who will have access to it, and when it will be made available. Decisions as to the distribution of information are made privately by one or two people who have ready access to technical or non-public information by virtue of their status as experts, administrators, or elected officials. These people decide when it is in the best interests of the program (and their own status) to make private knowledge public. Their concerns are generally focused on the broader political consequences of releasing information rather than on the program-specific consequences.

II. Locus of control. The more centralized is program administration, the less the program will be responsive to traditional or changing community needs, and the absorption of the program into the existing network of community services will be reduced.

The concept of "centralized administration" refers here to the physical

and social distance between program administrators and those who participate in the program. Administrators work at various levels, including offices in county seats, regional offices in populated centers, state department offices in the capitol, and federal agencies in Washington. As the distance between participant and administrative level increases, sensitivity to local needs and circumstances decreases. And as programs are required to respond to distant directives relating to goals, design, and target populations, their ability to adapt themselves to the local network of services is hindered.

III. Local response to external policies. Federal early intervention policies (especially those that provide funding) will be adapted by local political structures to meet local needs for (a) control over program operation and determination of evaluation criteria, and (b) community support.

The goals, design, and evaluation of federally-funded early intervention programs are vague enough that there is a good deal of slack to be taken up by local decision makers. This slack allows the development of local program design and evaluation criteria that will meet the needs of decision makers regardless of the ability of the design to make real change in children's development and regardless of the validity or measurability of the evaluative criteria. There is very little state and federal monitoring of local programs to see that they are meeting intended objectives. The modification of initial goals and design by local officials may occur either through overt, conscious acts, as in decisions to serve a different target population, or through passive, unintended reactions to community circumstances. In the former case, planned change was a result of the need to serve families who would provide political support to the program. In the latter case, unplanned

change represented some accommodation to existing needs which confronted the program. If the program had not responded to that unanticipated need, there would have been little support for its continuation.

IV. Identification of the eligible population. Early intervention programs will serve those children and families who (a) are the most politically powerful and/or vocal, (b) may be other than those for whom the programs were intended, especially where the intended population is the most vulnerable to developmental harm, (c) most easily adapt to the local design of the program in terms of family form and cultural values, and (d) are most accessible.

This hypothesis is a more specific version of the preceeding one. Here the focus is on how the situated meanings of labels such as "handicapped," "educationally deprived," "disadvantaged," "delayed," etc., become accepted as subjective realities by those who apply the labels to determine who should be enrolled in a program. Bogdan's (1976) findings in a review of the handicapped mandate in Head Start parallel our own findings.

> As the mandate passed into the world of commonsense understandings, its intent was lost or transformed in a complex process by which people discern, order and reorder their own worlds. . .
>
> The findings provide a clear illustration of how requiring an organization to serve specific "types" of clients makes those types more precious commodities, heightens competition for them, and increases official occurrence rates. When an organization is required to recruit and count particular "types" of clients, there is a tendency for its personnel to broaden definitions so as to make more people eligible. (p. 234)

V. Service delivery systems. Regardless of intended goals, centrally funded/locally administered programs are conducted so that program design is determined by perceived program needs rather than perceived family needs.

The two programs observed were designed so that families had to adapt

to program format rather than having the programs adapt to meet family circumstances. In one program, parents either had to attend the center every day and carry out the prescribed operant training techniques or not make use of the service. One classroom was only open two days a week because that was all the staff time that was available, not because that was all that children and parents required in the way of services. Treatment programs focused on changes in compliance with adult demands regardless of the child's primary handicapping condition because that was how the original model worked. The different population being served by the replication project (in contrast to those served by the urban prototype)did not lead to different treatment approaches.

VI. Local resource allocation. The local allocation of early intervention resources is determined by political and economic factors in those communities eligible for the resources rather than by an assessed need for such services.

This was particularly true for the geographic and political rift observed in one county. Laurel Ridge was devalued by those who lived in Claver. The Ridge residents were viewed as uncooperative, prone to complaining, and "rough." There was a common belief among those who lived in Claver that the Ridge people did not pay their share of the county wheel tax, and this belief was lent some truth by the statements of Ridge people who expressed an unwillingness to pay their taxes if they did not receive a greater share of highway and education appropriations. As well, the Ridge had a reputation for uncooperative and inconsistent school board members. The Ridge Elementary School was used as "punishment" for teachers from other parts of the county who were judged to be performing poorly or who were having conflicts with administrators or school board members. The Ridge had little political clout

and had no industry to contribute to the general tax base. These factors combined with desires for centralization and a non-controversial public image to result in the administration consensus to allow the Laurel Ridge classroom to close when it was found to be in violation of state fire codes. The closing occurred in spite of evidence that the need for the program was greater along the Ridge than in Claver, the county seat.

VII. Integration into service networks. There is no difference in degree of program-community integration between programs under public school sponsorship and those under private non-profit sponsorship.

Although the two programs evaluated had different patterns of integration with existing service systems and political structures, there was little difference in the degree of integration. The Title I program was a part of the public school system and had good relationships with school administrators. But lack of publicity, avoidance of public discussion about the program, and the absence of cooperative relationships with Head Start and other regional early intervention programs resulted in a low level of integration. Major decision makers were for the most part unaware of the program. Health care and social service providers interacted with the program concerning selection of children but had little involvement otherwise. The other program, located in a state university and sponsored by a mental health center, had some interaction with Head Start and regional health care providers, but had poor relationships with county school systems. At an administrative level, there were ties with welfare and health departments, but those ties rarely affected the children and families enrolled in the program. These findings are congruent with the Kirschner Report (1970) which surveyed the impact of Head

Start programs on local communities and found no difference in effect of Head Start on other service systems if the programs were sponsored by a public school or by a non-profit community action agency.

Overall Conclusions

These hypotheses lead to an explanatory paradigm of the implementation of early intervention programs in rural communities. First, top-down policy making is characterized by the control of special knowledge about a program through selective distribution of information to staff, parents, elected officials, and the general public. This places local decision makers, staff, and parents in a reactive or reflexive position in terms of their ability to determine the goals, design, and evaluation criteria for a program. The lack of opportunity to play an integral part in policy making is balanced somewhat by the lack of monitoring experienced by the programs. These factors generate a vacuum in which there is little specific information available but where there is some slack that can be taken up through local adaptation of centrally-conceived objectives. This process of adaptation is guided by indigenous political, economic, and cultural values more than by the particular needs of the population intended to benefit from the services. Adaptation is both an active and reactive process in that some decisions are conscious efforts to modify a program to bring it more into line with community characteristics while other decisions are in response to external circumstances such as changing government policies or economic conditions. This results in the apparent subversion of centrally-designed and funded social policies so that they conform to local circumstances regardless of original intent. In sum, centrally-controlled implementation

(including setting of goals and evaluation criteria) does not guarantee that a specific program model aimed at a narrowly-defined population will adhere to original goals or serve those children and families most in need of special educational services.

Implications for Evaluation Methodology

There has been an inherent tension in the methodology of this study between the empathic, intersubjective nature of participant observation and the normative objective approach of evaluation. This tension has been useful in creating a balanced perspective that asked both, "What is going on here?" and "How can it be improved or made more functional?" During the period of field work when data were being gathered, there was a conscious attempt not to influence the course of events as they occurred naturally. But at the end of the research, there has been opportunity for open discussion and feedback with the staffs of the two programs. In the process of developing new hypotheses, information has been generated that is useful for local and national policy making. The broad, open focus of participant observation has been narrowed or bounded by evaluative questions.

The use of participant observation as an evaluative tool does limit the kind of information produced. Because of the interdependent relationship between theories of symbolic interaction, the sociology of knowledge, and participant observation methodology, the nature of the data collected is limited to contextual and social interaction variables. Information about individual changes in children's development, cost-benefit ratios, and other summative concerns is not produced by this approach. This is problematic given current notions about "accountability" and policy making. Most program development and evaluation has been bound to the military mentality that

asks how big a bang do we get with our bucks. But the use of qualitative methodologies, which focus on processual, formative variables, has begun to offer new ways of conceptualizing evaluation. Qualitative approaches view evaluation as a continuous attempt to understand how a program is working, what the intended and unintended consequences of the program are, how the program interacts with its broader community context, and what the social functions of the program are. Through a sustained process of observation and participation, the researcher can uncover private knowledge and personal world-views that influence the process and products of social change programs. The result is a grounded, inductive understanding of the effects of ecological variables on program implementation.

This emerging conception of evaluation must be supported in the future. Inappropriate reliance on only one approach to evaluation leads to incomplete and inaccurate knowledge for policy making. The traditional quantitative approaches now used should be complemented by qualitative designs. Qualitative work is a prerequisite to quantitative research, thus the two should be carried out in a sequential (or at least parallel) manner. The result of combining the two strategies should not be a sloppy eclectism but a more coherent synthesis of everyday knowledge with abstract theoretical constructs. Educational and social change evaluators should receive support and training for carrying out long-term, field based studies with a focus on the ecology of program implementation. Such studies can be expensive because of the amount of time necessary for observation and participation and because multiple observers enhance the intersubjective validity of the findings. But the expense will produce useful, policy relevant information. In addition to supporting academic researchers, local education agencies and

social service programs should be provided training and technical assistance in administering and interpreting standardized assessments of children, carrying out community-wide needs assessments, developing referral systems between agencies, contracting with outside experts to do useful evaluations, and involving parents and community representatives in program evaluation. These recommendations imply the need for a shift in the roles of state and federal monitors who have focused too narrowly on the appearance of regulatory compliance. Such monitors must be prepared to serve as field consultants to demonstration programs and assist local staff in evaluation and program improvement efforts.

Implications for Early Intervention Policy Making

The findings and the above discussion of needed changes in evaluation design indicate the need for new approaches to implementing early intervention policies and programs. Throughout this report the tension between centralized policy making and decentralized administration has been a major theme. The need for a central mechanism to redistribute public funds in order to reduce social and economic inequities is still present. Past efforts at redistribution have been incremental and minimally effective. There remain too many undereducated, underemployed members of society, many of whom are rural residents. They are constantly at-risk for becoming a member of the organizationally surplus population (Farber, 1968), a status that carries no social or political value. It is our collective responsibility to see that opportunities are maximized for these groups, to assure open access to those opportunities, and to assure that the result of that access is an improved quality of life.

By the same token, we must seek new ways to decentralize program implementation, administration, and evaluation. These should be viewed as transactional processes in which there is an attempt to meet national redistributive objectives while local circumstances are respected. The tendency of local officials to subvert global central objectives must be recognized, and the reasons for that subversion must be understood. To ignore this phenomenon, or try to create "local proof" legislation will not solve the dilemma. Rather, there is needed a new model for program implementation.

To build this new model, we must conceive of policy making and evaluation as a two-way process. Before a policy or program is developed, there should be a "pre-implementation phase" in which goals, design, and evaluation criteria are established. This phase would include opportunities for direct input by potential service providers and recipients in two areas. First, an examination and explication of regional cultural values must occur in order to determine the congruence of the proposed policy with familial and community-wide patterns. It should be the responsibility of local residents to conduct a "cultural assessment" and identify the consequences of its findings for policy implementation. The survey should address such issues as attitudes toward state intervention, the expressed value of education, the roles of parents and others in child rearing, religious beliefs, educational aspirations and expectations, community response to disabled or deviant persons, and the roles of informal kin and voluntary support systems in child development. Second, a local or regional government agency should provide some assessment of major social indicators prior to implementation. This would include demographic information on the groups that will potentially benefit from a policy, such as family size and form, employment patterns,

presence of extended family, and migration patterns. As well, economic indicators of the local tax base, and availability of local contributions to a program should be developed. Particularly important to include in this survey would be a description of local decision making processes, a brief history of previous educational and social change efforts, assessment of indigenous staff characteristics, and an overview of the existing social service network. Most of these are areas where a data base already exists from which to draw. The problem has been that the presentation of this information in a proposal rarely influences central policy making and evaluation. There remains the need for a useful pre-implementation ecological assessment that has direct bearing on the delivery of services at the local level. This is also an area in which a state or federal monitor could act more as a consultant and resource and less as an auditor.

Beyond the creation of a pre-implementation assessment that allows for direct local input into planning, there is a continuing need to help state and local education agencies comply with mandates to provide free appropriate public education for all handicapped children in a manner which allows modification according to local circumstances. Not allowing for overt local modification almost surely guarantees that the modification will occur covertly. Sanctions for non-compliance should be used after a reasonable period of time (e.g., five years), but the punitive sanctions should only follow a period of sufficient funding to implement the mandates and after technical assistance has been provided to help systems comply. One key to helping local systems would be the creation of regional liaison personnel who could disseminate information, negotiate cooperative arrangements between agencies, channel referrals, and coordinate community assessment and planning

activities. The regional child development specialist described in chapter II of the attached dissertation is one model for this role.

Finally, the early intervention service delivery system needs several refinements in order to better meet the needs of rural families with handicapped children. The guiding principle for rural early intervention programs should be to provide what Weller (1965) calls "personalization of services." When services are personalized, they are congruent with the essential "capacity for relatedness."

> The implications for the mental health field of this capacity for relatedness should not be underestimated. All forms of mental health intervention (treatment) involve the giving and the taking of help in an interpersonal context. In my experience, and that of others, the relationship capacities of Eastern Kentucky families are very real indeed, and these capacities are not dimmed by the families' migration to other settings. Presumably, then, those who work in any helping capacity with Eastern Kentucky families, either locally or in other settings, will find mutual relationship a powerful working tool and thrust. When Weller and others refer to "personalization of services," they are talking primarily about this capacity for relatedness. After relationships are established, services can then be brought into focus. (Looff, 1971, pp. 57-58)

In this study, the importance of family ties has been seen in the determination of who receives services, who is hired or fired, and how the programs are publicized. We observed a greater reliance on personal realtionships in the more rural communities. We must translate this sensitivity to the need for personalized services into practice. For example, it was obvious early in the research that one program was serving many families who had kinship ties. Our first reaction was to criticize this practice as being discriminatory against needy families who were not part of the network of participants. That may be the case, but to regulate against the practice

as an "equitable" solution would be futile. Rather, an alternative that capitalizes on personal relationships is necessary. One strategy would be to identify some number of eligible families with delayed or handicapped children, and then ask those families who they know that has a similar need for support. The first set of families would become the primary service recipients, with training provided to them so they could in turn, provide support to the families they know. Perhaps each of the "core" families would be responsible for helping two or three "secondary recipient families," and the core families would either recieve free services or be compensated for training the others. In this way services are distributed more widely whild personal relationships are recognized, enhanced, and made a part of program design.

The characteristics of early intervention professionals also must be considered. Looff (1971) suggests that indigenous public health nurses be the primary service providers for rural families with young children. The lack of stigma attached to public health nurses, their personal knowledge of the region and its families, their sensitivity to local values, and their preventive orientation make them a good choice. We have seen that mental health workers carry some stigma in rural communities, and education professionals either claim that they lack competence to work with preschool children or shape their services into school-like programs that do not meet the comprehensive needs of families and children. In contrast, the public health nurse role is a legitimate, non-threatening, and broadly conceived approach. It is a role already being used in many rural programs, but it needs to be recognized and strengthened through public policies.

One issue that has raised numerous questions in this study is the identification and labeling of handicapped or at-risk children. Many of the problems associated with identification and labeling are related to categorical exceptionalistic policies for children who are "educationally deprived," "culturally disadvantaged," or simply "low income." Developmental needs are confounded with socioeconomic status. Although there are correlations between the two, their interchangeability in child development policies has been confusing and unproductive. Families with children with similar special needs should not have to go to different services because they are not of the same income group. Hobbs (1975) has proposed a needs-based classification system that addresses developmental status rather than gross categories of exceptionality or economic deprivation. Such a system would generate a truer picture of children's needs and would help reduce the inappropriate placement of children in segregated, dead-end programs. One consequence of a needs-based system would be the universal provision of services without the categorical entanglements now creating so much confusion in Title I and special education programs. One caveat is in order here. Developmental need is not the same as academic need. Pre-school children require comprehensive support in areas of cognitive, affective, social and physical growth. Simply providing verbal and numerical skills and training classroom-specific behavior does not constitute developmental support.

These recommendations are generally stated and do not resolve basic questions of centralization, resource distribution, and the proper relationship between government and families. These are issues that must continue to be examined by social researchers, policy analysts, and concerned lay citizens. Any such examination must take into account the ecological

variables that affect policy development and implementation. This will lead to a deeper understanding of the particular characteristics of communities and the relation of those local characteristics to national goals.

We cannot expect policy makers to be inherently sensitive to the particular needs of local communities, especially in rural regions. The days of Joe Evins, Estes Kefauver, and other powerful rural politicians are over. Urban politics now dominate the Congress, drawing attention away from the continuing plight of Appalachian and other rural citizens who remain "yesterday's people." Academics and administrators must seek out ways to inform policy makers of the needs of rural people. To do so requires first hand knowledge of the circumstances of their lives. As the public health nurse in one county said, "Some of those people must just sit on concrete all day. They just don't understand what's happening here in the community. They need to come down here and spend some time with us if they're going to really understand what's going on."

REFERENCES

Bogdan, R. National policy and situated meaning: The case of Head Start and the handicapped. American Journal of Orthopsychiatry, 1976, 46, 229-235.

Farber, B. Mental retardation: Its social context and social consequences. Boston: Houghton-Mifflin, 1968.

Glaser, B. G., and Strauss, A. The discovery of grounded theory. Chicago: Aldine, 1967.

Hobbs, N. The futures of children: Categories, labels and their consequences. San Francisco: Jossey-Bass, 1975.

Kirschner Associates, Inc. A national survey of the impacts of Head Start centers on community institutions. Washington, D.C., Office of Child Development, May, 1970.

Looff, D. H. Appalachia's children: The challenge of mental health. Lexington: The University Press of Kentucky, 1971.

Mueller, M. W. & Sontag, E. Planning research for the severely handicapped. Education and Training for the Mentally Retarded, 1975, 10, 126-128.

Weller, J. E. Yesterday's people: Life in contemporary Appalachia. Lexington: University Press of Kentucky, 1965.